



RECIPIENT EXPLANATION OF MEDICAL BENEFITS
ND DEPARTMENT OF HUMAN SERVICES/MEDICAL
MEDICAL SERVICES DIVISION
SFN 559 (10-2006)

10/10/2006

Federal Medicaid regulations require the issuance of a Recipient Explanation of Medicaid Benefits (REOMB) within 45 days of provider reimbursement for services. Production of REOMB's is based on a sampling method approved by the Department of Health and Human Services with its main objective being to communicate to the recipient an understandable description of the services that were provided by the North Dakota Medicaid Program.

Below is a list of the recipients with REOMB's (attached) which were returned to our office as undeliverable. As our records indicate, the recipient's current address is to be as shown on the REOMB's. Please update these addresses per your files and mail the REOMB to the recipient. Enter current address on TECS and MMIS, where appropriate. If this individual is no longer your county's administrative responsibility, please forward to the appropriate County Social Service Board office. If the address on the TECS System is the residence address, please forward to the recipient's mailing address.

| RECIPIENT NAME | CASE NUMBER |
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Thank you for your cooperation. Feel free to contact the SUR Analyst named below if you have any questions concerning this.

SUR Analyst
Medical Services

Enclosure